

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 6-4-01 and 6-11-01.
- b. The request was received on 6-4-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:  
No Response was noted in the dispute packet.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 7-17-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 6-3-02:  
"There has been denials on multiple dates of service that are not consistent with TWCC guidelines and/or the services provided... The initial bill submitted by \_\_\_ was denied as a duplicate bill on multiple dates of service. \_\_\_ did not submit any prior or duplicate bills to the carrier, and we do not have any record of a prior denial, EOB, or payment for services on the submitted dates... The pain management services that were provided and billed were necessary to relieve the pain so that the patient could participate in an active return-to-work rehab program with the treating doctor."
2. Respondent: No Response noted in the dispute packet.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 6-4-01 and 6-11-01.
2. The carrier has denied the disputed services as reflected on the EOB as reflected as “DUPT, REIMBURSEMENT WAS PREVIOUSLY MADE FOR SERVICES RENDERED TO THIS INJURED WORKER ON THIS DATE OF SERVICE;” “TX 39 – T – PER THE TEXAS FEE GUIDELINE 4 MODALITIES/PROCEDURES/ACTIVITIES/TRAINING ARE ALLOWED PER SESSION, NOT TO EXCEED 2 HOURS;” “DUPL – THESE SERVICES HAVE ALREADY BEEN CONSIDERED FOR REIMBURSEMENT.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
6-4-01 6-11-01	97032 97032	\$66.00 \$66.00	\$-0- \$-0-	DUPT DUPT	\$22.00 ea. 15 minute	MFG; Medicine Ground Rule (I) (A) (10); CPT Descriptor	<p>The Carrier has denied the disputed services as “DUPT, REIMBURSEMENT WAS PREVIOUSLY MADE FOR SERVICES RENDERED TO THIS INJURED WORKER ON THIS DATE OF SERVICE.”</p> <p>No original denial was noted in the dispute packet, therefore, the disputed services will be reviewed as an “F” denial. Documentation supports that the services were rendered.</p> <p>Reimbursement is recommended in the amount of <b>\$132.00</b>. (\$22.00 x 6 15 minute units = \$132.00).</p>
6-4-01 6-11-01	97139-AC 97139-AC	\$96.00 \$96.00	\$-0- \$-0-	TX39, DUPL	DOP	MFG; Medicine Ground Rule (I) (A) (10); CPT Descriptor	<p>The Carrier has denied the disputed services as “T – PER THE TEXAS FEE GUIDELINE 4 MODALITIES/PROCEDURES/ACTIVITIES/TRAINING ARE ALLOWED PER SESSION, NOT TO EXCEED 2 HOURS;” “DUPL – THESE SERVICES HAVE ALREADY BEEN CONSIDERED FOR REIMBURSEMENT”.</p> <p>No original denial was noted in the dispute packet for date of service 6-11-01, and therefore this date will be reviewed as an “F” denial.</p> <p>Documentation supports that the services were rendered as billed for both dates of service. Billing is within the allotted time for a medicine session.</p> <p>Reimbursement is recommended in the amount of <b>\$192.00</b>.</p>

6-4-01 6-11-01	99213 99213	\$48.00 \$48.00	\$-0- \$-0-	DUPT DUPT	\$48.00	MFG: Evaluation/Management Ground Rules; (VI) (B); CPT Descriptor	<p>The Carrier has denied the disputed services as "DUPT, REIMBURSEMENT WAS PREVIOUSLY MADE FOR SERVICES RENDERED TO THIS INJURED WORKER ON THIS DATE OF SERVICE."</p> <p>No original denial was noted in the dispute packet, therefore, the disputed services will be reviewed as an "F" denial. Documentation does not support the services as defined in the CPT Descriptor.</p> <p>Therefore, no reimbursement is recommended.</p>
<b>Totals</b>		\$420.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$324.00.</b>

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$324.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5<sup>th</sup> day of November 2002.

Lesa Lenart  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 LL/ll